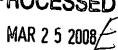
FORM D

SECURITIES AND EXCHANGE COMMISSION PROCESSED

FORM.D





NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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FINANC	Aprefix	1	Serial I	
		DATE RECE	IVED	
			I	

SEC 1972 (2-97)

(if different from Executive Offices) Brief Description of Business Investment Partnership Type of Business Organization □ corporation □ □ limited partnership, already formed □ business trust □ limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: □ 1 0 □ Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or	Telephone Number (Jacksching Area Code) (210) 477-7616 Sing Officer (Including Area Code) other (please specify): Year Actual Estimated
Filing Under (Check box(es) that apply):	Telephone Number (Including Area Code) (210) 477-7616 er (Including Area Code) other (please specify):
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Black Swan Domestic Opportunity Fund, L.P. Address of Executive Offices (No. and Street, City, State, Zip Code) 112 E. Pecan Street , #900, San Antonio, Texas 78205 Address of Principal Business Operations (No. and Street, City, State, Zip Code) Telephone Number (if different from Executive Offices) Brief Description of Business Investment Partnership Type of Business Organization corporation Imited partnership, already formed business trust Imited partnership, to be formed Month Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or	Telephone Number (Including Area Code) (210) 477-7616 er (Including Area Code) other (please specify):
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Actual or Estimated Date of Incorporation or Organization: 1 0 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: DE CN for Canada; FN for other foreign jurisdiction) GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. of the control of t	
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Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. of	
	r 15 U.S C, 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United Sta	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	
Copies Required. Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed signatures.	must be photocopies of the manually signed copy or bear typod or printe
Information Required. A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, a changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.	y changes thereto, the information requested in Part C, and any materia
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have a must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice const ATTENTION	a fee as a precondition to the claim for the exemption, a fee in the prop-
Eailure to file action in the appropriate states will not requit to a local of the follow	l everation Conversely failure to file
Failure to file notice in the appropriate states will not result in a loss of the federa the appropriate federal notice will not result in a loss of an available state	ii exemption. Conversely, failure to file i
predicated on the filing of a federal notice.	

_			A. BASIC IDENTIF	ICATION DATA		
2.	Enter the information r	equested for the fo	llowing:			
•	Each beneficial owner issuer; Each executive officer	having the power of and director of cor	has been organized within the p to vote or dispose, or direct the porate issuers and of corporate	vote or disposition of, 10% or	•	
· Ch	Each general and mana eck Box(es) that Apply:	ging partner of par	Thership issuers. Beneficial Owner	☐ Executive Officer	☐ Director	⊠ General and/or
	eck box(es) that Apply.	- Tromoter	Delichciai Owner	Executive Officer		Managing Partner
	ll Name (Last name first, ack Swan Advisers, L.P		•			
Bu		ress (Number and S	Street, City, State, Zip Code)			
	eck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
	ll Name (Last name first, ack Swan Capital, LLC		of General Partner			
Bu		ress (Number and S	Street, City, State, Zip Code)			
	eck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
	ll Name (Last name first, alker, S. Tobin, Manage		ner of General Partner			
Bu		ress (Number and :	Street, City, State, Zip Code)		<u>.</u>	
	eck Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Fu	ll Name (Last name first,	if individual)	-	*		
Bu	siness or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Ch	neck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Fu	ll Name (Last name first,	if individual)				
Bu	siness or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Ch	neck Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Fu	ll Name (Last name first,	if individual)				
Bu	siness or Residence Add	ress (Number and	Street, City, State, Zip Code)			
Ch	neck Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Fu	ll Name (Last name first,	if individual)				
Bu	siness or Residence Add	ress (Number and	Street, City, State, Zip Code)			

						B. IN	FORM	IATIO:	N ABO	UT OI	FERI	NG		
1. F	las the iss	suer sold			er intend so in Ap							ng?	Yes	No ⊠
2. V	2. What is the minimum investment that will be accepted from any individual?												\$ <u>500.</u>	000.00
3. Г	3. Does the offering permit joint ownership of a single unit:											Yes ⊠	No □	
i c r (Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full N	Full Name (Last name first, if individual)													
Busin	Business or Residence Address (Number and Street, City, State, Zip Code)													
Name	Name of Associated Broker or Dealer													
	in Which													All States
(Cnec		[AZ]	[AR]	iividuai [CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	ـــا	All States
(IL)	[IN]	(IA)	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[M]	[MN]	[MS]	[MO]		
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	(ND)	[OH]	[OK]	[OR]	[PA]		
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	Full Name (Last name first, if individual)													
Busin	ess or Re	sidence A	Address	(Numbe	r and St	reet, Cit	y, State,	Zip Coo	le)			-	<u> </u>	
Name	of Assoc	iated Br	oker or I	Dealer										
	in Which													All States
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full N	Vame (La	st name i	first, if ir	ndividua	1)									
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Name	of Assoc	iated Br	oker or I	Dealer										
	in Whick									***********				All States
(AL	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]		[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
(RI)		[SD]	[TN]	[TX]	(UT)	[VI]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Amount Already Type of Security Aggregate Offering Price Sold Debt Equity 0 ☐ Common ☐ Preferred Convertible Securities (including warrants)..... Partnership Interests.... \$ 16,013,775.00 16,013,775.00 Other (Specify ____)...... Total 16,013,775.00 16.013 Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero." Number Aggregate Dollar Amount Investors Of Purchases 16,013,775.00 Accredited Investors Non-accredited Investors 0 0 Total (for filings under Rule 504 only)..... N/A Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Type of Dollar Amount Sold Security Rule 505 N/A N/A Regulation A..... N/A N/A N/A Rule 504..... N/A N/A N/A Total

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Printing and Engraving Costs	
Legal Fees	
Accounting Fees	
Engineering Fees	
Sales Commissions (specify finder's fees separately)	
Other Expenses (identify)	
Total	

	C. OFFERING PRICE, NUMBER OF IN	VESTORS, EXPENSES	AND USE	OF PR	OCEEDS	<u> </u>
	b. Enter the difference between the aggregate offering price gi and total expenses furnished in response to Part C-Question 4.8 proceeds to the issuer."	a. This difference is the "adju	sted gross			\$ <u>16,008,775.00</u>
5.	Indicate below the amount of the adjusted gross proceeds to the each of the purposes shown. If the amount for any purpose is a check the box to the left of the estimate. The total of the paym proceeds to the issuer set forth in response to Part C-Question	not known, furnish an estimate ents listed must equal the adju	e and			
				Ói Dire	ments to Ticers, ctors, & filiates	Payments To Others
	Salaries and fees			s		s
	Purchase of real estate			\$		\$
	Purchase, rental or leasing and installation of machinery	and equipment		s		s
	Construction or leasing of plant buildings and facilities			s		S
	Acquisition of other businesses (including the value of s may be used in exchange for the assets or securities of a			\$		s
	Repayment of indebtedness			s		\$
	Working capital			\$		S
	Other (specify) (investments)			\$	<u> </u>	\$ <u>16,008,775.00</u>
	Column Totals			s	⊠	\$ <u>16,008,775.00</u>
	Total Payments Listed (column totals added)				\$ <u>16,0</u>	08,775.00
	D. FEDE	RAL SIGNATURE			<u>. </u>	
igna	issuer has duly caused this notice to be signed by the undersigne ature constitutes an undertaking by the issuer to furnish to the U. mation furnished by the issuer to any non-accredited investor pu	S. Securities and Exchange C	ommission,	filed un upon wr	der Rule 50 itten reque	05, the following st of its staff, the
	uer (Print or Type) ack Swan Domestic Opportunity Fund, L.P.	Whitney	Date March	.l ., 200	8	
Na	me of Signer (Print or Type) Title of Signer (P	rint or Type)				
Jun		e Officer and Director of Con tner of Black Swan Advisors,				Swan Capital,
	Δ	TTENTION				

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001),

	E. STATE SIGNATURE										
1.	Is any party described in 17 CFR 230.262 prule?	visions of such	Yes	No ⊠							
	See Appendi	x, Column 5, for state response.			•						
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.										
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.										
4.		ssuer is familiar with the conditions that must be which this notice is filed and understands that the at these conditions have been satisfied.									
	e issuer has read this notification and knows t dersigned duly authorized person.	he contents to be true and has duly caused this no	otice to be signed on i	ts behalf by th	e						
	uer (Print or Type) ack Swan Domestic Opportunity Fund, L.P.	Signature Whitney	Date March 1, 2008								
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)									
Jui	Name of Signer (Print or Type) Title of Signer (Print or Type) Unit Whitney Chief Compliance Officer and Director of Consulting and Marketing of Black Swan Capital, LLC, general partner of Black Swan Advisors, L.P., general partner										

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2 3				5				
	non-acc investor: (Par	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Type	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		
AL				=					
AK									
AZ									
AR	—			<u> </u>		-			
CA						·			
со									
СТ						_			
DE									
DC									
FL					,				
GA									
НІ									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD		<u> </u>							
MA									
MI									
MN									
MS	ļ. <u></u> .								
МО									

APPENDIX

1	2 3			•	5				
	non-ac- investor (Par	to sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount		
МТ					<u> </u>				
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН							!		
ок									
OR									
PA									
RI									
SC									
SD									
TN									
TX		No	Limited Partnership Interests \$16,013,775	14	\$16,013,775	0	\$0	No	
UT									
VT									
VA									
WA									
wv									
WI									
WY									

APPENDIX

1	2	2 .	3		4					
	non-acc investors (Par	o sell to credited s in State rt B- m 1)	Type of security and aggregate offering price offered in state (Part C- Item 1)	Туре	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)					
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount			
PR		ė								

